

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:						
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Richmond Hill Rest Homes #2						
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home									
Visit Date 05/13/15	Time Spent in Facility 90 min total; 15 min in #2		hr	min					Arrival Time	1	:
Person Exit Interview was held with: Starla Fore						Interview was held		In-Person or Phone (Circle) in person			

Rachelle Galbreath	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Claudia Sherry, Barbara Mayer	Report Completed by: Claudia Sherry
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Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations		
1. Do the residents appear neat, clean and odor free? <table style="float: right; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Several residents were enjoying the beautiful day, sitting outside. Talked with four residents who conveyed that they are happy living there. Did not observe #5.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <table style="float: right; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Did you see or hear residents being encouraged to participate in their care by staff members? <table style="float: right; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
4. Were residents interacting w/ staff, other residents & visitors? <table style="float: right; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <table style="float: right; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. Did you observe restraints in use? <table style="float: right; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
7. If so, did you ask staff about the facility's restraint policies? <table style="float: right; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Resident Living Accommodations Observations	Comments & Other		
8. Did residents describe their living environment as homelike? <table style="float: right; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

9. Did you notice unpleasant odors in commonly used areas?

Yes No

Bathrooms were very clean. Discussed with Starla the need for chalking or resealing at the base of the toilet in Shower #3.

10. Did you see items that could cause harm or be hazardous?

Yes No

11. Did residents feel their living areas were too noisy?

Yes No

12. Does the facility accommodate smokers?

Yes No

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

Yes No

Did not observe.

14. Did staff answer call bells in a timely & courteous manner?

Yes No

Did not observe.

14a. If no, did you share this with the administrative staff?

Yes No

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

17. Are residents asked their preferences about meal & snack choices?

Yes No

17. We did not ask about this.

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

19. Did not check.

20. Does the Facility have a Resident's Council?

Yes No

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
Starla is following up regarding the seals at the base of toilets in three of the buildings. We will check on this during our next visit.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.